

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015153

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 46Primary Registration District No. 5151Registrar's No. 13

STATE FILE NUMBER

VS:300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 29 1963

1. PLACE OF DEATH

a. COUNTY

Caldwell

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kidder Township

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)

6 Mi. N.E. Cameron

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)

a. STATE No.

b. COUNTY Caldwell

c. CITY

OR TOWN

Cameron

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

R.R. 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

John

Middle

Kinsella

Last

4. DATE OF DEATH

April

18

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

March 2

9. AGE (last birthday)

1900 63

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Cameron Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Mike Kinsella

13b. MOTHER'S MAIDEN NAME

Catherine DeVoy

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of)

No.

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Ann Kinsella, Cameron Mo.

Address

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Osteolytic and Osteoblastic Metastatic Carcinoma  
Primary site undetermined of the chest

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY; TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1953 to April 15, 1963 and last saw him alive on April 15, 1963  
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. D. Kinsella M.D.

22b. ADDRESS

Cameron Mo.

22c. DATE SIGNED

4-19-63

23a. BURIAL, CREMATION, REINTERMENT

23b. DATE

April 20 1963

23c. NAME OF CEMETERY OR CREMATORY

Catholic

23d. LOCATION (City, town, or county)

Cameron, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Poland Funeral Home, Cameron, Mo.

25. DATE RECD. BY LOCAL REG.

Mo.

26. REGISTRAR'S SIGNATURE

Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.